

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

ORIGINAL  
Type of print in ink.

COVER PAGE

CALIFORNIA  
2001/02  
FORM

460

Date Stamp

FEB 26 2004

Page 1 of 4

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/03  
through 12/31/03

Date of election if applicable:  
(Month, Day, Year)

To be determined By

REGISTERED

Deputy

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

Omitted zeros and subtotal on summary page  
for columns A & B. Omitted zero on Schedule B, Line 2

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

DeYoung for Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Catherine Madigan

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/20/04

Executed on 2/21/04

Executed on

Executed on

By

By

By

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

State of California

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	<b>460</b>
Page <u>2</u> of <u>4</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE			
Cathryn DeYoung			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Supervisor, County of Orange, 5th District			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]			

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 7/01/03 through 12/31/03	CALIFORNIA FORM <b>460</b>
Page 3 of 4	I.D. NUMBER Not Assigned Yet

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cathryn DeYoung--DeYoung for Supervisor

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$	<u>0</u>	<u>0</u>
2. Loans Received ..... Schedule B, Line 3		<u>\$300,000</u>	<u>\$300,000</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$	<u>\$300,000</u>	<u>\$300,000</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3		<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$	<u>\$300,000</u>	<u>\$300,000</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$	<u>-0-</u>	<u>0</u>
7. Loans Made ..... Schedule H, Line 3		<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$	<u>0</u>	<u>0</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3		<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3		<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$	<u>-0-</u>	<u>0</u>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$	<u>\$300,000</u>
13. Cash Receipts ..... Column A, Line 3 above		<u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4		<u>0</u>
15. Cash Payments ..... Column A, Line 8 above		<u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$	<u>\$300,000</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$	_____
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$	_____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$	<u>\$300,000</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 7/01/03  
through 12/31/03

CALIFORNIA  
FORM **460**

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Cathryn DeYoung--DeYoung for Supervisor

I.D. NUMBER

Not Assigned Yet

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Cathryn DeYoung [REDACTED] [REDACTED]	City Council Member City of Laguna Niguel [REDACTED]		\$300,000	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$300,000 Indefinite DATE DUE	0 RATE	\$300,000 12/18/03 DATE INCURRED	CALENDAR YEAR \$300,000 PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____

SUBTOTALS \$ \$ \$ \$

## Schedule B Summary

(Enter (a) on  
Schedule E, Line 3)

- Loans received this period ..... \$300,000  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$300,000  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

\*Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.  
\*\* If required.

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee